

E HI	in this information to	identifyygyra											
	in this information to otor 1	KERLINE A											
	-	NENLINE A	SLAW			_							
1 -	otor 2 ouse, if filing)					_							
Uni	ted States Bankrupto	cy Court for the	EASTERN DISTRICT	OF PENNSYLVANI	A	_							
Cas	se number 22-1	2811					Chec	k if this is	:				
(If known)				•			■ A	ın amende	ed filing				
									,	g postpetition ollowing date:			
0	fficial Form	<u> 1061</u>					N	// M/ DD/ \	YYYY				
S	chedule I: Y	our Inc	ome								12/1		
atta	ch a separate sheet	to this form.	r spouse is not filing wi On the top of any additi										
••	information.			Debtor 1	Debtor 1				Debtor 2 or non-filing spouse				
	If you have more than one job, attach a separate page with information about additional employers.		Employment status	■ Employed				☐ Employed					
			,,	☐ Not employed				☐ Not employed					
			Occupation										
	Include part-time, s self-employed work		Employer's name										
	Occupation may incor homemaker, if it		Employer's address										
			How long employed the	here?				_					
Par	t 2: Give Deta	ils About Moi	nthly Income										
spou	use unless you are se	eparated.	ate you file this form. If y	, c	·	Í				·	J		
	ou or your non-filing s e space, attach a sep		ore than one employer, co this form.	embine the information	on for all e	empl	oyers for	that perso	on on the lir	nes below. If	you need		
							For Del	btor 1		otor 2 or ng spouse			
2.			ry, and commissions (be calculate what the month)		2.	\$		0.00	\$	N/A	=		
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A	-		
4.	. Calculate gross Income. Add line 2 + line 3.				4.	\$		0.00	\$	N/A			

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	KERLINE ASLAM	_		Case	number (if known)	_22	2-12811			
					For Debtor 1			or Debtor			
	Con	vy line 4 hore	4.		\$	0.00	<u>n</u>	on-filing s	-		
	Cop	by line 4 here	4.		ф —	0.00	Ф		N/A	_	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	۱.	\$	0.00	\$	į	N/A		
	5b.	Mandatory contributions for retirement plans	5b).	\$_	0.00	\$		N/A	-	
	5c.	Voluntary contributions for retirement plans	50	; .	\$	0.00	\$	-	N/A	-	
	5d.	Required repayments of retirement fund loans	50	l.	\$	0.00	\$		N/A		
	5e.	Insurance	5e) .	\$_	0.00	\$		N/A	<u> </u>	
	5f.	Domestic support obligations	5f.		\$_	0.00	\$		N/A	_	
	5g.	Union dues	5g		\$_	0.00	\$		N/A	_	
	5h.	Other deductions. Specify:	5h	1.+	\$_	0.00	+ \$		N/A	_	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ _	0.00	\$		N/A	_	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ _	0.00	\$		N/A	_	
8.		all other income regularly received:									
	8a.	Net income from rental property and from operating a business,									
		profession, or farm Attach a statement for each property and business showing gross									
		receipts, ordinary and necessary business expenses, and the total									
		monthly net income.	8a	۱.	\$	2,750.00	\$	1	N/A	ı	
	8b.	Interest and dividends	8b).	\$_	0.00	\$		N/A		
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive									
		Include alimony, spousal support, child support, maintenance, divorce	9.0		\$	0.00	Ф		NI/A		
	8d.	settlement, and property settlement. Unemployment compensation	8d 8d		\$ _	0.00	\$ \$		N/A	_	
	8e.	Social Security	86		\$ _	0.00	φ \$		N/A N/A	_	
	8f.	Other government assistance that you regularly receive	00	,.	Ψ_	0.00	Ψ		IN/A	_	
	01.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	e								
		Specify: FS	8f.		\$	320.00	\$		N/A		
	8g.	Pension or retirement income	8g	J.	\$_	0.00	\$		N/A	-	
		HOUSEHOLD CONTRIBUTIONS								_	
	8h.	Other monthly income. Specify: FAMILY	8h	1.+	\$	750.00	+ \$		N/A		
		BOYFRIEND'S HOUSEHOLD CONTRIBUTION	_		\$_	1,150.00	\$		N/A	_	
9.	Δdd	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$ 4,970.00		\$		N/A		
٥.	Auc	Tall Cities in Come. And in the State of Control of Con	٥.		Ψ <u> </u>	4,370.00	_				
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		4,970.00 + \$		N/A	= \$	4,970.00	
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		4,970.00				4,370.00	
11	Stat	e all other regular contributions to the expenses that you list in Schedule	. , '								
		State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and									
		other friends or relatives.									
	Do i Spe	not include any amounts already included in lines 2-10 or amounts that are not cify:	avail	abl	e to p	pay expenses lis	ed i		e J. +\$	0.00	
10	ال ۸	I the amount in the last column of line 40 to the amount in line 44. The	l+ :-	th.		mbined menth!::	n.c	~ ^			
12.	Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it										
	applies						.,	12.	\$	4,970.00	
	• •								Combi	ned	
										nea ly income	
13.	Do	you expect an increase or decrease within the year after you file this form	?							,	
		No.									
		Yes. Explain:									